

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 687

STATE FILE NUMBER 63-019775

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128
FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
Length of stay in lb <u>40 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>1207 W. HARRISON</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOSSIE</u> Middle <u>PRUNTY</u> Last <u>PRUNTY</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>7</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/28/80</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHRISTIAN CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.C. HALE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CAVANER</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD PRUNTY (DEC.)</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT Address <u>MRS. MAE PEARSON, SPRINGFIELD, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrhythmia - type unknown</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Several years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute biliary Colic - 10 days before death.</u>		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u> </u>
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street; office bldg., etc.) <u> </u>
20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from <u>May 7, 1963</u> to <u>May 7, 1963</u> and last saw her alive on <u>May 7, 1963</u> Death occurred at <u>11:15 A.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE <u>Daniel E. Holmes M.D.</u>	(Degree or title) <u> </u>	22b. ADDRESS <u>600 S. Glenstone</u>	22c. DATE SIGNED <u>13 May 63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MANLEY CEMETERY</u>	23d. LOCATION (City, town, or county) <u>NEAR, SPRINGFIELD, MO.</u>
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24. FUNERAL DIRECTOR <u>H.H. LOHMEYER FUNERAL HOME</u> <u>SPRINGFIELD, MO.</u>	ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>5-14-63</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Mullen</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Daniel E. Holmes, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lucius T. Swadlow

Licensed Embalmer No. 4815

P. O. Address

Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

permit
5-8-63